

| CLAIMS ONLY | | | | | | Application Number | | Filing Date | | | | |
|---|---------------|--------|-----------------------|--------|------------------------|--------------------|--------------|-------------|-------|--------|-------|--------|
| | | | | | | 10040852 | | | | | | |
| | | | | | | Applicant(s) | | | | | | |
| * May be used for additional claims or amendments | | | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | Indep | Depend | Indep | Depend | Indep | Depend |
| | Indep | Depend | Indep | Depend | Indep | Depend | | | | | | |
| 1 | <i>cancel</i> | | | | | | 51 | | | | | |
| 2 | <i>cancel</i> | | | | | | 52 | | | | | |
| 3 | I | | | | | | 53 | | | | | |
| 4 | I | | | | | | 54 | | | | | |
| 5 | I | | | | | | 55 | | | | | |
| 6 | I | | | | | | 56 | | | | | |
| 7 | I | | | | | | 57 | | | | | |
| 8 | I | | | | | | 58 | | | | | |
| 9 | I | | | | | | 59 | | | | | |
| 10 | I | | | | | | 60 | | | | | |
| 11 | I | | | | | | 61 | | | | | |
| 12 | I | | | | | | 62 | | | | | |
| 13 | I | | | | | | 63 | | | | | |
| 14 | I | | | | | | 64 | | | | | |
| 15 | I | | | | | | 65 | | | | | |
| 16 | I | | | | | | 66 | | | | | |
| 17 | I | | | | | | 67 | | | | | |
| 18 | I | | | | | | 68 | | | | | |
| 19 | I | | | | | | 69 | | | | | |
| 20 | I | | | | | | 70 | | | | | |
| 21 | I | | | | | | 71 | | | | | |
| 22 | I | | | | | | 72 | | | | | |
| 23 | I | | | | | | 73 | | | | | |
| 24 | I | | | | | | 74 | | | | | |
| 25 | I | | | | | | 75 | | | | | |
| 26 | I | | | | | | 76 | | | | | |
| 27 | I | | | | | | 77 | | | | | |
| 28 | I | | | | | | 78 | | | | | |
| 29 | I | | | | | | 79 | | | | | |
| 30 | I | | | | | | 80 | | | | | |
| 31 | I | | | | | | 81 | | | | | |
| 32 | I | | | | | | 82 | | | | | |
| 33 | I | | | | | | 83 | | | | | |
| 34 | I | | | | | | 84 | | | | | |
| 35 | A | | | | | | 85 | | | | | |
| 36 | I | | | | | | 86 | | | | | |
| 37 | I | | | | | | 87 | | | | | |
| 38 | | | | | | | 88 | | | | | |
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| 40 | | | | | | | 90 | | | | | |
| 41 | | | | | | | 91 | | | | | |
| 42 | | | | | | | 92 | | | | | |
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| 48 | | | | | | | 98 | | | | | |
| 49 | | | | | | | 99 | | | | | |
| 50 | | | | | | | 100 | | | | | |
| Total Indep | 5 | | | | | | Total Indep | | | | | |
| Total Depend | 31 | | | | | | Total Depend | | | | | |
| Claims | 36 | | | | | | Claims | | | | | |